



## Town of Davie

### Office of Community Development - Community Services Division

### CDBG DRI Replacement Housing Project

The Town of Davie experienced loss of housing stock due to Hurricane Wilma. Therefore, Broward County is dedicating funds from the Disaster Recovery Initiatives grant funded by the U.S. Department of Housing and Urban Development (HUD) through the Florida Department of Economic Opportunity (DEO) and Broward County to replace part of the lost housing. Under this program 2 new homes will be constructed in the unincorporated target area around Potters Park, also known as the Eastside area and sold to income eligible buyers.

Program details and information will be available as of April 25<sup>th</sup>, 2016 at the Office of Community Development – Community Services Division website at [http://www.davie-fl.gov/Pages/DavieFL\\_HousingCDv/EastsideHomes/EastsideApplication](http://www.davie-fl.gov/Pages/DavieFL_HousingCDv/EastsideHomes/EastsideApplication) and at the office located at 4700 Davie Road, Suite D in the Town of Davie.

***Applications will be accepted Monday, May 9<sup>th</sup>, 2016 8:30am until 6:00pm.***

#### Replacement Housing Program “Application” Requirements:

- Application Form (completed)
- Lot/Home selection order form (completed)
- First Time Homebuyer Education Certificate
- Pre-approval letter from a lender or Pre-qualification letter from a lender (this letter must document that the lender has reviewed credit and income)



#### Replacement Housing “Lottery” Selection:

To determine the allocation of units, a lottery from the completed pool of applications will be conducted at the Town of Davie Office of Community Development – Community Services Division, 4700 Davie Road, Suite D, Davie, FL on **May 16<sup>th</sup>, 2016 at 2:00 P.M.**

During initial application, the applicant will be required to select the lot/location of the home, by completing a **Lot/Home Selection Form** that will be available within the application.

Town of Davie Community Services Division Staff will conduct a full income certification to verify and determine “Program Eligibility” of those winning applicants.

#### Replacement Housing Program “Program Eligibility” Requirements:

- First Time Homebuyer (has not owned a home as a primary residence in 3 years)
- Income eligible or 80% of below the AMI (e.g. \$58,000 for a family of four)
- Minimum of 3.5% Down Payment
- Able to secure first mortgage in an amount sufficient to purchase, with up to \$50,000 assistance in the form of Sellers Credit and Down-Payment assistance.
- Enter into a Purchase and Sale (P&S) Agreement.
- The estimated appraised value for the homes is in between \$170,000 - \$180,000.
- Town of Davie will provide a list of the County's participating lenders; however, the applicant may use any lender of their choice as long as they abide by the Town of Davie program underwriting guidelines.



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OFFICE OF COMMUNITY DEVELOPMENT  
COMMUNITY SERVICES DIVISION

4700 SW 64<sup>TH</sup> AVENUE- SUITE D, DAVIE, FLORIDA 33314  
PHONE: (954) 797-1173 FAX: (954) 797-2058 [WWW.DAVIE-FL.GOV](http://WWW.DAVIE-FL.GOV)

Program: \_\_\_\_\_ Ticket #: \_\_\_\_\_

**DAVIE RESIDENT APPLICATION**

**A. Applicant Information:**

Applicant Name: \_\_\_\_\_ Social Security: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Permanent Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How long at this address? \_\_\_\_\_

Marital Status: ☐ Married ☐ Single ☐ Unmarried Partner ☐ Divorced ☐ Separated ☐ Widowed

Race: ☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ Indian ☐ Other \_\_\_\_\_ Sex: ☐ Male ☐ Female

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Years Employed: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**Co Applicant Information:**

Co-Applicant Name: \_\_\_\_\_ Social Security: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Permanent Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How long at this address? \_\_\_\_\_

Marital Status: ☐ Married ☐ Single ☐ Unmarried Partner ☐ Divorced ☐ Separated ☐ Widowed

Race: ☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ Indian ☐ Other \_\_\_\_\_ Sex: ☐ Male ☐ Female

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Years Employed: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**Household Member over 18 Information:**

Attach additional sheet, if needed for all household members over 18.

**Name of Household Member over 18:** \_\_\_\_\_ Social Security: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Permanent Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Marital Status: ☐ Married ☐ Single ☐ Unmarried Partner ☐ Divorced ☐ Separated ☐ Widowed

Race: ☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ Indian ☐ Other \_\_\_\_\_ Sex: ☐ Male ☐ Female

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Years Employed: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**B. Anticipated Annual Income: Includes unearned income and support paid on behalf of minors.**

ANNUAL GROSS INCOME-ATTACH ADDITIONAL SHEET IF NEEDED

SOURCE	APPLICANT NAME:	CO-APPLICANT NAME:	OTHER MEMBER NAME:	TOTAL
Gross Salary				
Overtime, Tips, Bonuses, etc				
Interest/Dividends				
Business net Income				
Rental net Income				
Social Security, Pensions, etc.				
Unemployment, Workers Comp.				
Alimony, Child Support				
Welfare Payments, Public Assistance				
Other (List)				

Enter total of items

This amount is the **Anticipated Annual Household Income**

\$

Please complete the following for ALL members of the household-Attach additional sheet, if needed.

**C. Household Information:**

Full Name	Date of Birth / Age	Race	Relationship	Social Security #
1.			SELF	
2.				
3.				
4.				
5.				
6.				

**D. Assets: (For all household members.)**

TYPE	Name of Account Holder	Cash Value	Annual Income From Assets	Bank Name	Account No.
Checking Account(s)					
Savings Account(s)					
Credit Union Account(s)					
Pension(s)					
Stocks, Life Insurance					

**E. Request for Assistance:**

**Assistance Type:** \_\_\_\_\_

**Total Grant Amount:** \$\_\_\_\_\_ (to be completed by CSD staff)

Do you or any member of your immediate family have any disabilities or special needs? ☐ Yes ☐ No

If "Yes", please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Recipient Statement:** The information on this form is to be used to determine eligibility based on income. I/we have provided, for each person set forth in Item D, acceptable verification of current and anticipated annual income. I/we certify that the statements are true and complete to the best of my/our knowledge and belief and are given under penalty of perjury.

**WARNING:** Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under § 775.082 or 775.83.

I also give the Town of Davie the authorization to share any of the information contained herein with appropriate federal, state, and local organizations that may be called upon for assistance. I recognize that my Social Security number and the other information herein will not be shared publicly.

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Signature of Co-Applicant Date

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Printed Name of Co-Applicant

\_\_\_\_\_  
Signature of Adult Household Member Date

\_\_\_\_\_  
Signature of Adult Household Member Date

\_\_\_\_\_  
Printed Name of Adult Household Member

\_\_\_\_\_  
Printed Name of Adult Household Member

**STATEMENT REQUIRED PURSUANT TO FLORIDA STATUTES SECTION 119.771(5) FOR THE COLLECTION OF SOCIAL SECURITY NUMBERS.**

*The Town of Davie collects your social security number and the social security numbers of all members of your household for the following purposes: identification and identity verification; income and employment verification; verification of assets; verification of number of persons in household; verification of receipt of federal housing assistance; and data collection and reconciliation to detect benefits fraud. Please note that social security numbers are also used as a unique numeric identifier and may be used for search purposes.*



**Town of Davie**  
**Office of Community Development – Community Services Division**  
**INTERVIEW QUESTIONNAIRE**

Applicant: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_

	Yes	No
1. Does anyone in the household have part time or seasonal employment?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does anyone in the household have any self-employment income?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does anyone in the household receive child support?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the child support court ordered?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does anyone in the household receive regular contributions, cash or gifts?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you disclosed all income and all assets on this application?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does anyone in the household have a retirement account?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does anyone in the household own any other real estate?	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, location: _____		
9. Is anyone in the household married?	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, spouse name: _____		
10. Is anyone in the household divorced?	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, former spouse name: _____		
11. Does anyone in the household receive alimony?	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, how much do you receive monthly? _____		
12. Lender Name: _____		
Address: _____		
Account Number: _____		

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Co-Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

## **HUD Approved Counseling Agencies here in Broward County...**

<b>ADOPT A HURRICANE FAMILY, INC. DBA CRISIS HOUSING SOLUTIONS</b>	Phone: 954-587-0160 Fax: 954-587-0170 E-mail: <a href="mailto:info@crisishousingsolutions.org">info@crisishousingsolutions.org</a>	4700 SW 64th Avenue - Suite C DAVIE, Florida 33314-4433
<b>URBAN LEAGUE OF BROWARD COUNTY (BRANCH OFFICE)</b>	Phone: 954-625-2574 Fax: 954-321-2276 E-mail: <a href="mailto:Cbiscardi@ULBCFL.ORG">Cbiscardi@ULBCFL.ORG</a>	3521 West Broward Boulevard Suite 201 FORT LAUDERDALE, Florida 33312-1048
<b>URBAN LEAGUE OF BROWARD COUNTY - MAIN OFFICE</b>	Phone: 954-625-2570 Fax: 754-200-5750 E-mail: <a href="mailto:swilliams@ulbcfl.org">swilliams@ulbcfl.org</a> Website: <a href="http://www.ulbroward.org">www.ulbroward.org</a>	560 NW 27th Ave. FORT LAUDERDALE, Florida 33311-8654
<b>NEW VISIONS COMMUNITY DEVELOPMENT CORPORATION</b>	Phone: 954-768-0262 Toll-free: 954-768-0262 Fax: 954-768-0964 E-mail: <a href="mailto:jjrobo@bellsouth.net">jjrobo@bellsouth.net</a> Website: <a href="http://www.newvisionscdc.com">www.newvisionscdc.com</a>	1004 NW 1st Street Suite 3 FORT LAUDERDALE, Florida 33311-8856
<b>BROWARD COUNTY HOUSING AUTHORITY</b>	Phone: 954-739-1114 Fax: 954-497-3726 E-mail: <a href="mailto:housingcounselor@bchafll.org">housingcounselor@bchafll.org</a> Website: <a href="http://www.bchafll.org">www.bchafll.org</a>	4780 N State Road 7 LAUDERDALE LAKES, Florida 33319-5860
<b>NEIGHBORHOOD HOUSING SERVICES OF SOUTH FLORIDA-BROWARD COUNTY</b>	Phone: 954-564-4037 Toll-free: 888-912-3953 Fax: 305-751-2228 E-mail: <a href="mailto:LeeAnnR@nhssf.org">LeeAnnR@nhssf.org</a> Website: <a href="http://www.nhssf.org">www.nhssf.org</a>	2800 W. Oakland Park Blvd. Suite 301 OAKLAND PARK, Florida 33311-1370
<b>HOUSING FOUNDATION OF AMERICA</b>	Phone: 954-923-5001 Fax: 954-924-1225 E-mail: <a href="mailto:hfatoday@gmail.com">hfatoday@gmail.com</a> Website: <a href="http://www.approvedbyhud.org">www.approvedbyhud.org</a>	2400 N University Drive # 200 PEMBROKE PINES, Florida 33024-3629
<b>CCCS OF THE MIDWEST</b>	Phone: 800-355-2227 Toll-free: 800-355-2227 Fax: 614-552-4800 E-mail: <a href="mailto:info@apprisen.com">info@apprisen.com</a> Website: <a href="http://www.apprisen.com/home.asp">www.apprisen.com/home.asp</a>	1333 S. University Drive Suite 210 PLANTATION, Florida 33324-4087
<b>CONSOLIDATED CREDIT SOLUTIONS, INC.</b>	Phone: 954-484-3328 Toll-free: 866-435-1876 Fax: 954-377-9661 E-mail: <a href="mailto:housing@consolidatedcredit.org">housing@consolidatedcredit.org</a> Website: <a href="http://www.consolidatedcredit.org">www.consolidatedcredit.org</a>	5701 W Sunrise Blvd Plantation, Florida 33313-6269
<b>DREAM HOME ORGANIZATION, INC.</b>	Phone: 954-689-7500 Fax: 954-689-7504 E-mail: <a href="mailto:info@dreamhomeorganization.org">info@dreamhomeorganization.org</a> Website: <a href="http://www.dreamhomeorganization.org">www.dreamhomeorganization.org</a>	7390 NW 5th Street Suite #4 PLANTATION, Florida 33317-1610



# Registered Lenders

<p><b>BB&amp;T Bank</b>  1999 University Drive, Suite #101  Coral Springs, FL 33071  Contact: Cathy Albamonte  Phone: 954-753-7714, Fax: 954-753-7703  E-mail: <a href="mailto:calbamonte@BBandT.com">calbamonte@BBandT.com</a></p>	<p><b>Gibraltar Private Bank &amp; Trust</b>  220 Alhambra Circle, 5th Floor  Coral Gables, FL 33134  Contact: Juan E. Rojas  Phone: 305-476-5545, Fax: 305-447-6250  E-mail: <a href="mailto:jrojas@gibraltarprivate.com">jrojas@gibraltarprivate.com</a></p>
<p><b>Chase</b>  13450 W. Sunrise Blvd., Suite 250  Sunrise, FL 33323  Contact: Devon Stubbs  Phone: 954-399-0027, Fax: 855-328-9515  E-mail: <a href="mailto:devon.stubbs@chase.com">devon.stubbs@chase.com</a></p>	<p><b>HSBC Bank USA</b>  1291 South Pompano Parkway  Pompano Beach, FL 33069  Contact: Edith W. Bynes  Phone: 954-218-0643, Fax: 954-903-7631  E-mail: <a href="mailto:edith.w.bynes@us.hsbc.com">edith.w.bynes@us.hsbc.com</a></p>
<p><b>Florida Community Bank</b>  2500 Weston Road, Suite #300  Weston, FL 33331  Contact: Robin Holley  Phone: 954-984-3314, Fax: 954-861-4589  E-mail: <a href="mailto:rholley@fcb1923.com">rholley@fcb1923.com</a></p>	<p><b>New Penn Financial</b>  2400 East Commercial Boulevard, Suite #321  Fort Lauderdale, FL 33308  Contact: Veronica Sylvester  Phone: 954-240-0140, Fax: 610-629-6761  E-Mail: <a href="mailto:Vsylvester@newpennfinancial.com">Vsylvester@newpennfinancial.com</a></p>

The lender will explain the program and pre-qualify you based on the First Time Home Buyer Program guidelines to determine if you are eligible to participate. As part of the pre-approval process, the lender will review your eligibility for down payment assistance as well. The lender will advise you of the availability of down payment assistance.

Disclaimer: The Town of Davie is not responsible for the borrower's selection of lender, financing terms, actions or decisions made by lenders. Lender decisions are final.





OFFICE OF COMMUNITY DEVELOPMENT  
COMMUNITY SERVICES DIVISION

4700 SW 64<sup>TH</sup> AVENUE- SUITE D

DAVIE, FLORIDA 33314

PHONE: (954) 797-1173 FAX: (954) 797-2058 WWW.DAVIE-FL.GOV

## AUTHORIZATION FOR THE RELEASE OF INFORMATION

I, \_\_\_\_\_, the undersigned, hereby authorize the release of information without liability for information regarding my employment, income, mortgage (if applicable), and/or assets to the Town of Davie for the purposes of verifying information provided as part of determining eligibility for assistance under the Rehabilitation or Homebuyers Assistance program. I understand that only information necessary for determining eligibility can be requested.

### Types of Information to be verified:

I understand that previous or current information regarding me may be required. Verifications that may be requested are, but not limited to: employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, certification of deposits, Individual Retirement accounts, interest, dividends; payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment, disability or worker's compensation, welfare assistance, net income from the operation of a business, alimony or child support payments, and mortgage verification.

### Organizations/Individuals that may be asked to provide written/oral verifications are, but not limited to:

Past/Present Employers  
Banks, Financial or Retirement Institutions  
State Unemployment Agency  
Welfare Agency

Alimony/Child Support Providers  
Social Security Administration  
Veteran's Administration  
Other: \_\_\_\_\_

### Agreement to Conditions:

I agree that a photocopy of this authorization may be used for the purposes stated above. I understand that I have the right to review this file and correct any information found to be incorrect.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

# **Broward County Income Category Chart**

The Broward County Income Category Chart is based on the U.S. Department of Housing and Urban Development (HUD) Income Limits Documentation System.

**Broward County's Median Income is \$60,900**

<b>Household Size</b>	<b>Extremely Low (30%)</b>	<b>Very Low (50%)</b>	<b>Low (80%)</b>	<b>Moderate (120%)</b>
1 person	\$15,250	\$25,400	\$40,600	\$60,960
2 person	\$17,400	\$29,000	\$46,400	\$69,600
3 person	\$20,160	\$32,650	\$52,200	\$78,360
4 person	\$24,300	\$36,250	\$58,000	\$87,000
5 person	\$28,440	\$39,150	\$62,650	\$93,960
6 person	\$32,580	\$42,050	\$67,300	\$100,920
7 person	\$36,730	\$44,950	\$71,950	\$107,880
8 person	\$40,890	\$47,850	\$76,600	\$114,840

Effective: March, 2016

Home Sale Prices Cannot Exceed:

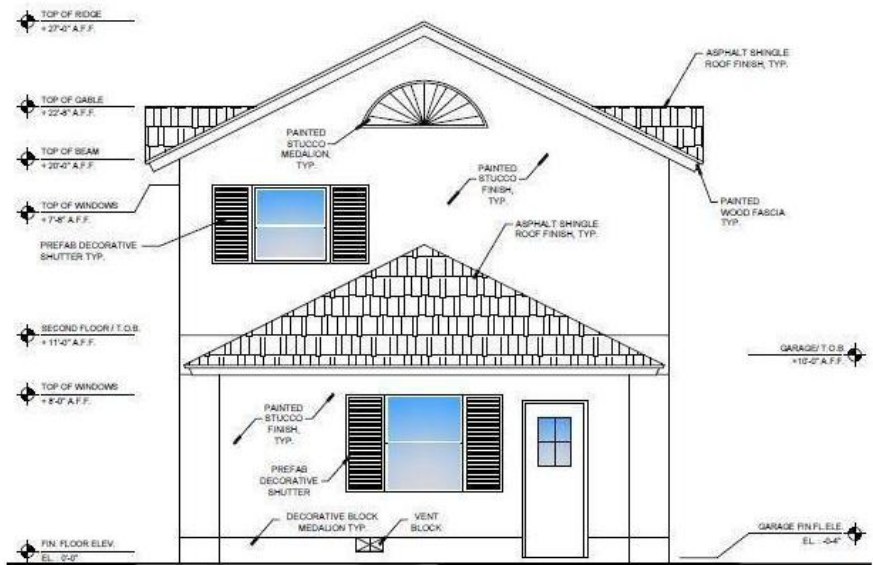
- **New Construction \$391,154**
- **Existing Construction \$391,154**

Please note: Income Limits for the Section 8 program are no longer subject to HUD's Hold Harmless Policy; please refer to the following Federal Register Notice, available [here](#), for more information.

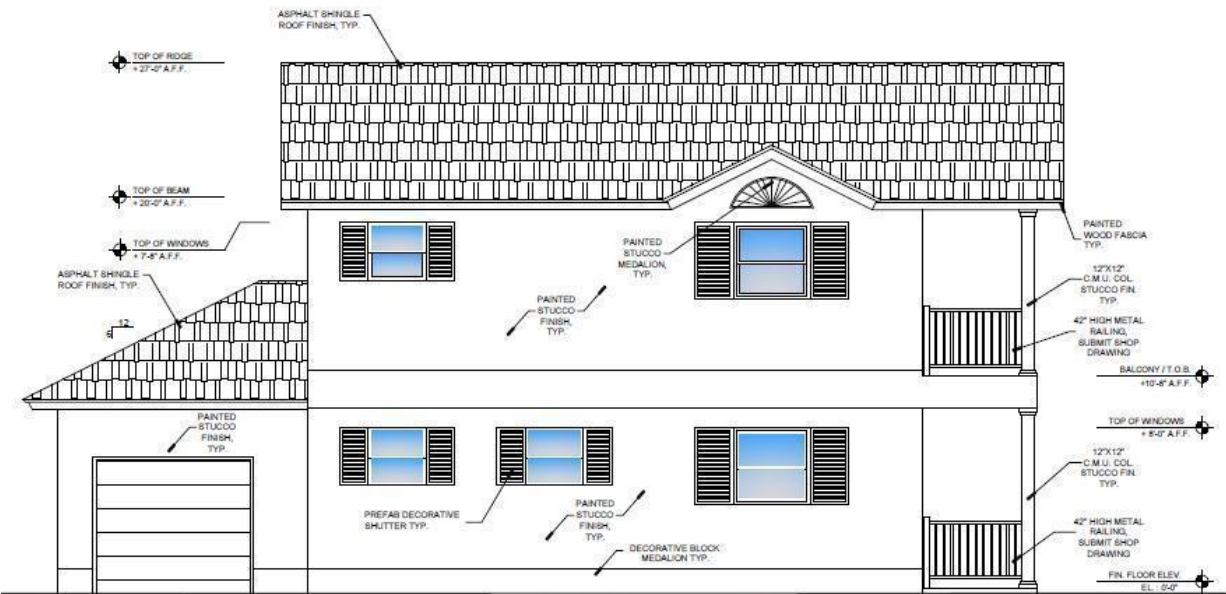
ELEVATIONS



FRONT ELEVATION

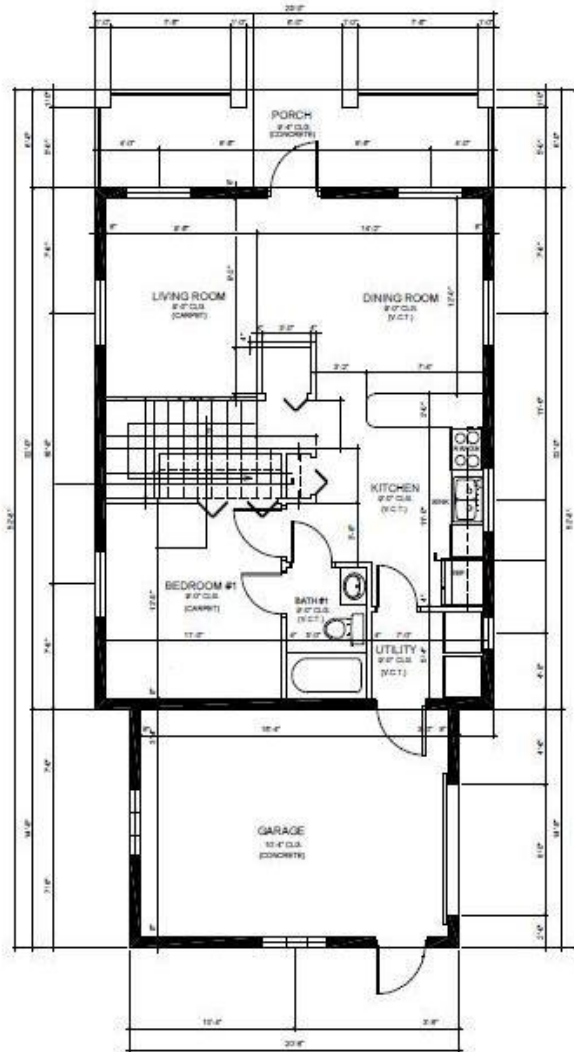


REAR ELEVATION

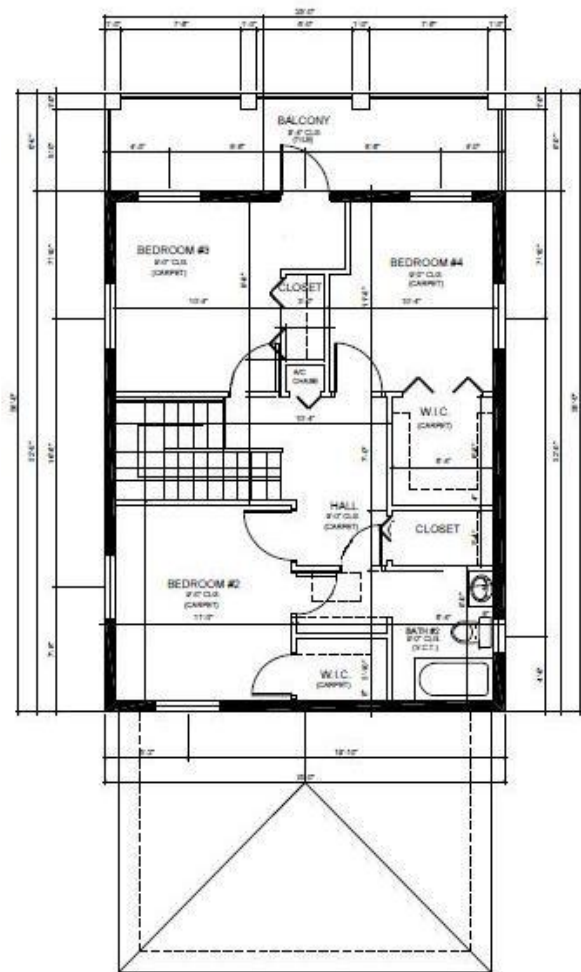


SIDE ELEVATION

## FLOOR PLANS



FIRST FLOOR PLAN



SECOND FLOOR PLAN

## **REPLACEMENT HOUSING LOT/ HOME SELECTION FORM**

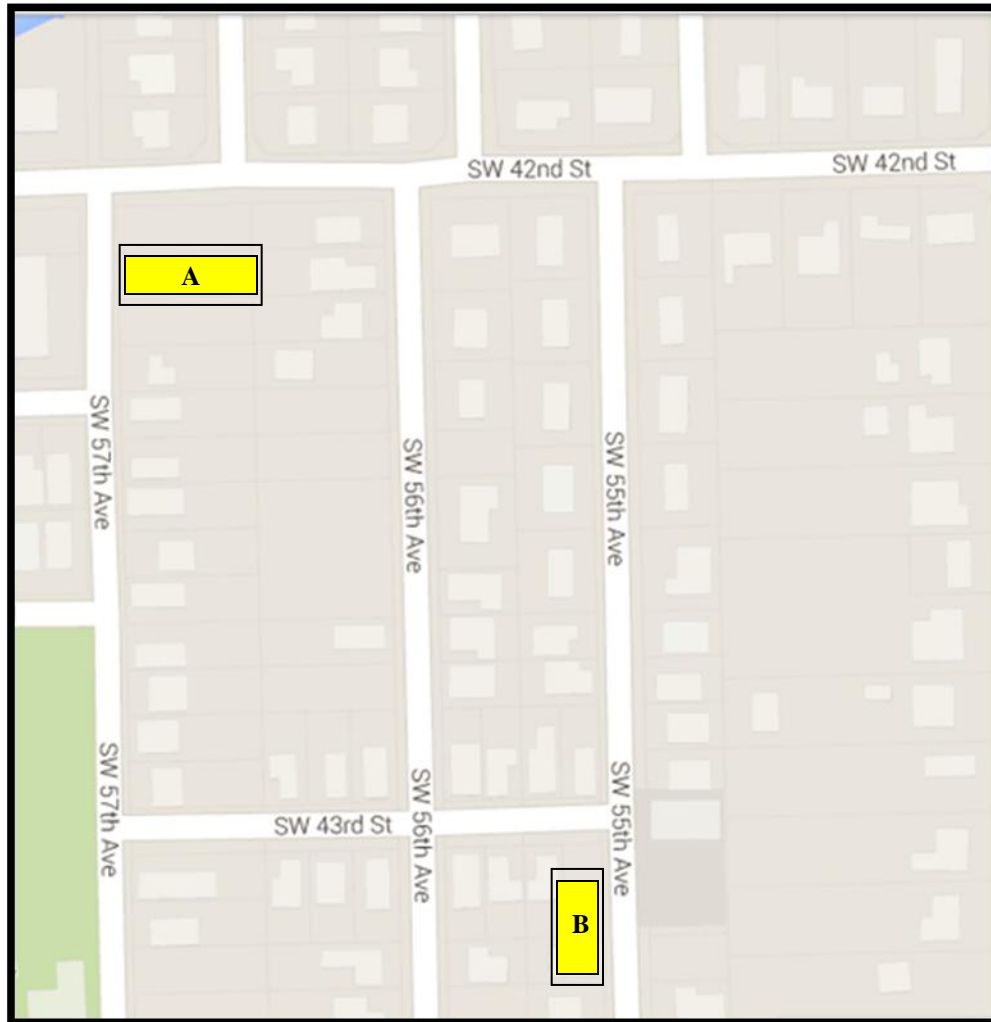
Please rank homes from 1 to 2, with 1 being your first choice and 2 being your last choice.

\*Both home designs are alike, but have different locations in geographical area.

Models A & B (4 beds, 2 baths) 1753 sq ft.

<i><b>Lot</b></i>	<i><b>Address</b></i>	<i><b>Rank#</b></i>
A	4220 S.W. 57 <sup>th</sup> Avenue, Davie, FL 33314	
B	5520 S.W. 43 <sup>rd</sup> Street, Davie, FL 33314	

Please see map below for geographical location of each Lot/Home.



## **Home Amenities**

Newly constructed homes include the following amenities:

### **Interior**

- Two full bathrooms with water-efficient toilets, showers and faucets/fixtures
- Central air conditioning
- ENERGY STAR® tankless water heater
- Double kitchen sink with EPA WaterSense® fixtures
- Wood kitchen cabinets
- Energy-efficient light fixtures
- Ceramic tile in foyer, kitchen, and baths; \*carpet in remaining rooms
- ENERGY STAR® appliances: washer, dryer, self-cleaning range, range hood, garbage disposal and refrigerator with ice maker
- ENERGY STAR® ceiling fans in living room and all bedrooms
- Wired for alarm system
- Window treatments

### **Exterior**

- Hurricane/impact-rated garage door with automatic garage door opener
- Hurricane/impact-rated doors
- Hurricane/impact energy-efficient tinted windows
- Automated in-ground sprinkler system
- Landscaping
- \*Concrete block and stucco construction
- Underground utilities
- \*\*Rear and side yard fencing

\* *County pre-selected colors*

\* *Pending on lot location*